

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD AND SYSTEM FOR PROCESSING EVALUATION DATA
Attorney Docket Number::	0501-1135
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	6
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ALEXANDRE
Middle Name::
Family Name:: TEMPLIER
Name Suffix::
City of Residence:: PARIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 13, RUE JULES SIMON
Address::
City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-75015

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: LAURENT
Middle Name::
Family Name:: NODE-LANGLOIS
Name Suffix::
City of Residence:: PARIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 2, RUE MONCEY
Address::
City of Mailing Address:: PARIS

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-75009

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ILHEM
Middle Name::
Family Name:: CHERRAK
Name Suffix::
City of Residence:: CONFLANS SAINTE HONORINE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 23, RUE PIEPLU
Address::
City of Mailing Address:: CONFLANS SAINTE HONORINE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-78700

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/03339	11/7/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 14074	11/8/02	Yes

Assignment Information

Assignee Name:: SURGIVIEW
Street of Mailing 64 RUE TIQUETONNE
Address::
City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-75002